

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7961</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Joe</u> <u>L</u> <u>Standley</u> P.O. Box, Bldg., Room No., if any Street <u>9010 W. Lawrence Ln.</u> City <u>Tolleson</u> State <u>Arizona</u> ZIP Code + 4 <u>85353-2410</u>	4. Name, file number, and address of labor organization. Name <u>IRON WORKERS AFL-CIO</u> Labor Organization File Number <u>000-052</u> P.O. Box, Building and Room Number, if any Street <u>1750 New York Avenue, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>General Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Joe Standley

On

8/4/2005

Date

623 936-3393

Telephone Number

Name of Person Filing Joe Standley

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Iron Workers Employees' Benefit Corporation

Trade Name, if any: I.E.B.C.

P.O. Box, Bldg., Room No., if any Suite 330

Street 131 North Molino Avenue

City Pasadena

State California ZIP Code + 4 91101-1878

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name California Field Iron Workers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 131 North Molino Avenue

City Pasadena

State California ZIP Code + 4 91101-1878

11.a. Nature of such dealing.

IEBC is a non-profit corp. created by the trustees to administer the Ca. Field Iron Workers Trust Funds. The IEBC received \$10,816,258 from Trust Funds to pay administrative expenses, of which \$4,702,543 was paid to other entities for services rendered.

11.b. Approximate dollar value of such dealing.

\$10,816,258

12.a. Nature of interest held or income received.

I.E.B.C. paid direct expenses to the Westin Hotel in Pasadena, California Joe Standley, a trustee, incurred while attending a Trust board meeting in March 2004.

12.b. Amount.

\$848

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.